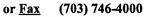
## PART B - FEE(S) TRANSMITTAL

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appropriate. All further comindicated unless corrected b maintenance fee notification	respondence including the lelow or directed otherwise s.	in Block 1, by (a)	ters and notifi	new correspondence address	nired). Blocks 1 through 5 swill be mailed to the current; and/or (b) indicating a sep	arate "FEE ADDRESS" for	
CUBRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  7590 07/15/2004  Chief Patent Counsel U.S. Surgical A Division of Tyco Healthcare Group, LP 150 Glover Avenue				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
Norwalk, CT 06856	5		\$	Susan S. R		(Depositor's name)	
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01 FC:1501 1370. 02 FC:1504 300.	00 DA			10/4/	200 4	(Date)	
03 FARMONDATION NO. 6	00 DAFILING DATE	J	FIRST NAMED	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/714,733 11/17/2003		<u></u>	Robert J. Geiste		1705 DIV CON II	4666	
TITLE OF INVENTION: SU	JRGICAL STAPLER				(203-1543		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330		\$300	\$1630	10/15/2004	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
SMITH, SCOTT A		3721		227-176100	_		
1. Change of correspondence CFR 1.363).		,	(1) the nam	ng on the patent front page, l es of up to 3 registered pate			
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print or type)	···		
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	clow, no assignee of this form is NOT	data will appea a substitute fo	ar on the patent. If an assign filing an assignment.	nee is identified below, the o	ocument has been filed for	
(A) NAME OF ASSIGNE	EE	(B)	B) RESIDENCE: (CITY and STATE OR COUNTRY)				
United States SurgicallCorporation Norwalk, CT 06856							
Please check the appropriate	assignee category or catego	ries (will not be pri	nted on the pat	tent); 🔾 individual 🗘	corporation or other private g	roup entity	
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):							
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5. Change in Entity Status (	•	•					
a. Applicant claims SM	IALL ENTITY status. See 3	7 CFR 1.27.	☐ b. Applican	t is not claiming SMALL EN	TITY status. See, e.g., 37 CF	R 1.27(g)(2).	
	ublication Fee (if required) v	vill not be accepted	from anyone	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ly paid issue fee to the applications attorney or agent; or t		
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Docket No. 1705DIVCON2

(203-1543DIVCON2)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Robert Geiste, et al

Serial No:

10/714,733

Filed:

11/17/2003

Examiner:

Scott A. Smith

Group Art Unit:

3721

For:

**SURGICAL STAPLER** 

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## **CERTIFICATE OF MAILING**

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Susan S Rickard

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